

# Basic Health Insurance Enrollment Adjustment Form

**Section I. For adjustments to be done correctly, the group's name and I.D. number must be listed.**

Group Name \_\_\_\_\_

Basic Health Group I.D. Number \_\_\_\_\_ Date \_\_\_\_\_

**Please Mail to:**

Basic Health  
P.O. Box 42683  
Olympia, WA 98504-2683

**Or FAX to:**

(360) 923-2910 ATTN: Basic Health for Groups

**Section II.**

| Subscriber's name (last, first) | Subscriber's I.D. number | Effective date | Description of action requested and why |
|---------------------------------|--------------------------|----------------|---|
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